



Defense Distribution Depot Susquehanna

Incident Report
Bldg 911 New Cumberland, PA 17070
Phone: (717) 770 - 5742

Defense Distribution
Depot Susquehanna

ORI PA0212400	County York	Venue NEW CUMBERLAND	Report # 17-01465
Report Date / Time 03/09/2017 15:35 Hrs (US/Eastern)	Occurrence Date / Time 03/03/2017 13:30 Hrs - 03/03/2017 13:30 Hrs (US/Eastern)		File Class

NOT FOR PUBLIC RELEASE

Nature of Incident: Informational Report

Supplements: Approved Report (2)

Summary: Alleged Altercation.

Incident Location

Address: 83 U Avenue

City: New Cumberland

County: York

State: Pennsylvania

ZIP: 17070

Country: United States

Township of Occurrence:

Latitude:

Longitude:

Sub-Beat: LOWER DEPOT

Officers Involved

Role	Name	Agency	Supp #
Assisting	(b) (7)(C)	Defense Distribution Depot Susquehanna	0
	(b) (7)(C)	Defense Distribution Depot Susquehanna	0
	(b) (7)(C)	Defense Distribution Depot Susquehanna	0
Reporting	(b) (7)(C)	Defense Distribution Depot Susquehanna	0

Incident People

Suspect / Offender

Supp # 0

Name: (b) (7)(C) (Primary Name) **Title:** **Date of Birth:** (b) (7)(C)
Race: (b) (7)(C) **Sex:** M **Age at Occurrence:** (b) Years Old
DL #: (b) (7)(C)
Address: (b) (7)(C) (Date of Info: 03/09/2017)

Victim

Supp # 0

Name: HICKS, ERNEST NMN (Primary Name) **Title:** **Date of Birth:** (b) (7)(C)
Race: (b) (7)(C) **Sex:** M **Age at Occurrence:** (b) Years Old
DL #: (b) (7)(C)
Address: (b) (7)(C) (Date of Info: 06/14/2014)
Phone: (b) (7)(C) (Date of Info: 06/14/2014)
Physical Description: Hgt:(b) **Wgt:** **Date of Info:** 06/14/2014
Hair: (b) (7)(C)
Eyes: (b) (7)

Reporting Person

Supp # 0

Name: (b) (7)(C) (Primary Name) **Title:** **Date of Birth:** (b) (7)(C)
Race: (b) (7)(C) **Sex:** M **Age at Occurrence:** (b) Years Old
DL #:
Address: (b) (7)(C) (Date of Info: 01/26/2016)
Phone: (b) (7)(C) (Date of Info: 01/26/2016)

Witness

Supp # 0

Name: (b) (7)(C) (Primary Name) **Title:** **Date of Birth:** (b) (7)(C)
Race: (b) **Sex:** F **Age at Occurrence:** (b) Years Old
DL #: (b) (7)(C)

Reporting Person

Supp # 0

Name: FOLTZ, KEVIN (Primary Name) **Title:** **Date of Birth:**
Race: (b) **Sex:** M **Age at Occurrence:** (b) (7)(C)
DL #:
Phone: (b) (7)(C) (Date of Info: 03/09/2017)

Incident Narratives

Title: Alleged Altercation

Author: (b) (7)(C) **Date / Time:** 03/09/2017 16:43 Hrs **Supp #:** 0

On 8 March 2017 at 1322 hours I, (b) (7)(C) and (b) (7)(C) were dispatched (b) (7)(E) to building 85 in response to an employee altercation after the fact. I, (b) (7)(C) arrived on scene at building 85 at 1325 hours, followed by officers (b) (7)(C) assisting. I, (b) (7)(C), with assistance from (b) (7)(C) then proceeded to take a sworn statement (DLA FORM 1623) from Mr. Ernst HICKS. Mr. HICKS proceeded to communicate that on 3 March 2017, while he was working in building 83, was involved in a conversation with (b) (7)(C). At some point during this conversation (b) (7)(C) approached Mr. HICKS and pushed Mr. HICKS to the ground. Also in Mr. HICKS statement, he mentioned that (b) (7)(C) stated he was messing around. Mr. HICKS also goes on to state that (b) (7)(C) mentioned that he (Mr. HICKS), was lucky that he (b) (7)(C) was only just playing around.

(b) (7)(C) interviewed (b) (7)(C) as a witness at Bldg. 83, and had her complete a sworn statement (DLA FORM 1623). (b) (7)(C) stated that both Mr. HICKS and (b) (7)(C) were joking around during their conversation and she did witness (b) (7)(C) shove Mr. HICKS. (b) (7)(C) continued to say that (b) (7)(C) apologized to Mr. HICKS and even offered assistance to help Mr. HICKS up. (b) (7)(C) stated that (b) (7)(C) asked Mr. HICKS if he was alright, and that Mr. HICKS replied to (b) (7)(C), stating that he was okay. Furthermore, (b) (7)(C) stated that (b) (7)(C) also stated to Mr. HICKS that he did not mean to harm Mr. HICKS and that both parties seemed to have been reconciled by the end of

the event when everyone went their different ways.

Once I, (b) (7)(C) collected relative paperwork, all officers (b) (7)(C) (b) (7)(E) on 8 march 2017. The next day, 9 March 2017 at 1345 hours I, (b) (7)(C) went to building 82 and made contact with (b) (7)(C) refused to provide a sworn statement (DLA FORM 1623) or answer any questions regarding the incident. I, (b) (7)(C) then collected the drivers license information and contact number (b) (7)(C). Once complete, both I, (b) (7)(C) (b) (7)(E). Also at this time, I contacted (b) (7)(C), who was identified by Mr. HICKS as a witness to what happened. Upon making contact by phone with (b) (7)(C), he informed me, (b) (7)(C) that he did not see the events of the incident that had occurred on 3 March 2017. (b) (7)(C) then informed me he followed up with a (b) (7)(C), who is his Branch Manager ((b) (7)(C)) and reported the same information to him. (b) (7)(C) will be following up on the incident as a, possible, workplace injury. There was not enough evidence to determine if any type of criminal action occurred during the incident. Notification of DLA investigator was not required.

Notification; (b) (7)(C)

Signed: Police Officer (b) (7)(C)

Reviewed By: (b) (7)(C)

Title: Supplement#1 - Narrative

Author: Erik Bilis

Date / Time: 03/10/2017 06:53 Hrs

Supp #: 1

On 10 March 2017 at 0629 hours I, (b) (7)(C) (b) was (b) (7)(E) when (b) (7)(C) (b) (7)(E) , arrived at Building 911 in reference to a call from dispatch that (b) (b) (7)(C) was waiting in the lobby to provide a statement regarding the incident in report # 17-01465. (b) (7)(C) and I spoke with (b) (7)(C) and he provided us with a written statement describing his recollection of the events. Statement is attached. (b) (7)(E)

Notification: (b) (7)(C)

Signed: (b) (7)(C)	Reviewed By: (b) (7)(C)
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SWORN STATEMENT

IMPORTANT:
Read the Privacy Act Statement
before completing this form.

REPORT NUMBER

17-01465

PRIVACY ACT STATEMENT

1. AUTHORITY: Section 21, Internal Security Act of 1950 (Public Law 8-831); DoD Instruction 5200.22, Reporting of Security and Criminal Violations; and Deputy Secretary of Defense Memorandum dated 7 May 1974.
2. PURPOSE: Records the sworn statement given by an individual in connection with an incident, accident, or suspected violation under investigation, regardless of the individual's relationship to the investigation.
3. ROUTINE USES: Information may be disclosed for those routine uses listed in DLA System Notice S160.50DLA-I as follows: For any of the DLA blanket routine uses set forth at the beginning of DLA's listing of systems of records notices.
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. However, individuals assigned to or employed by DLA who refuse to make disclosure may be subject to administrative sanctions.

LOCATION

Bldg 85 EH

DATE

3-8-2017

TIME

14:02

LAST NAME, FIRST NAME, MIDDLE NAME

HICKS JR, Ernest EH

(b) (7)(C)

(b) (7)(C)

I, Ernest Hicks, want to make the following statement under oath:

I Ernest Hick worked in bldg 85 I was told to go to bldg 83 to clean in bay 4 I was cleaning in bay 4 row B until 13:30 before second shift came on I went to use the bathroom after coming back to bay 4 I checked with the lead about staying information I started to talk to (b) (7)(C) about DSS on the computer she told me that she has been at (b) (7)(C) and that of word (b) (7)(C) (b) (7)(C) It would take her some time back into the system on the computer (b) (7)(C) came up and pushed me to the floor I ask him what was wrong with him, he told me that he was playing I told him why did he.

INITIALS OF PERSON
MAKING STATEMENT

EH

PAGE 1 OF

34

PAGES (b) (7)(C)

STATEMENT (Continued)

push me, he told me that I was lucky that he was playing with me and not the other thing or else I would be in bad shape before he left for the gym. my left hand. That I have been in an accident was hurting I will have to go to the hospital to get it checked. I still cannot understand his actions behind why he did what he before leaving that day.

Q. When did the event take place?

A: 3-3-2017 / Pre March 2017

(b) (7)
(C)

(b) (7)(C)

STATEMENT CONTINUED ON ADDITIONAL PAGES

☐ NO

☒ YES. # of additional pages: 1

AFFIDAVIT

I, Ernest Hicks Jr, have read or have had read to me this statement which begins on Page 1 and ends on Page 38. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

Ernest Hicks Jr 38-2017
(Signature of Person Making Statement)

WITNESSES:

(Typed or Printed Name and Signature)

(Typed or Printed Name and Signature)

(Name of Organization or Home Address)

(Name of Organization or Home Address)

OATH:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 8 day of March, 2017.

at DLA Susquehanna

(b) (7)(C)

Title 5 USC, 303(b)

(Authority to Administer Oaths)

NOTICE: Additional pages must contain the heading "STATEMENT OF
TAKEN AT DATED
CONTINUED." The bottom of each additional page must bear the initials
of the person making the statement and be initialed as "PAGE OF PAGES."

INITIALS OF PERSON
MAKING STATEMENT

EH

PAGE 2 OF 34 PAGES

(b) (7)(C)

SWORN STATEMENT	IMPORTANT: Read the Privacy Act Statement before completing this form.	REPORT NUMBER 17-01465
PRIVACY ACT STATEMENT		
1. AUTHORITY: Section 21, Internal Security Act of 1950 (Public Law 8-831); DoD Instruction 5200.22, Reporting of Security and Criminal Violations; and Deputy Secretary of Defense Memorandum dated 7 May 1974. 2. PURPOSE: Records the sworn statement given by an individual in connection with an incident, accident, or suspected violation under investigation, regardless of the individual's relationship to the investigation. 3. ROUTINE USES: Information may be disclosed for those routine uses listed in DLA System Notice S160.50DLA-I as follows: For any of the DLA blanket routine uses set forth at the beginning of DLA's listing of systems of records notices. 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary.		
LOCATION Bldg 85 EH	DATE 3-8-2017 EH TIME 14:02 EH hours	
LAST NAME, FIRST NAME, MIDDLE NAME Hicks, Jr Ernest EH (b) (7)(C)		
I, <u>Ernest Hicks Jr</u> , make the following statement:		
Q: Why did you not report this event on the day it happened? A: After cleaning bldg 85 I sat in the set up meeting before going back to bldg 85 to finish my work I had started before the called me for to cleaned bldg 85. EH		
Q: Did you have any issues with (b) (7)(C) in the past? (b) (7)(C) A: No he was my best friend? EH Today is my first day back from taking off Tuesday March 7th which was my birthday.		
Q: Is it okay for the DLA Police to call you at (b) (7)(C) Supervisor (b) (7)(C) A: yes. EH		
Q: Is there anything you would like to add to this statement? (b) (7)(C) A: NO. EH		
INITIALS OF PERSON MAKING STATEMENT EH		3 <u>24</u> PAGES PAGE 1 OF 24 (b) (7)(C)

STATEMENT (Continued)

EH

EH

EH

EH

(b) (7)(C)

STATEMENT CONTINUED ON ADDITIONAL PAGES

☒ NO

☐ YES. # of additional pages:

AFFIDAVIT

I, Ernest Hicks Sr, have read or have had read to me this statement which begins on Page 1 and ends on Page 3. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

x Ernest Hicks Sr 3 March 2017 *EH*
(Signature of Person Making Statement)

WITNESSES:

(Typed or Printed Name and Signature)

(Typed or Printed Name and Signature)

(Name of Organization or Home Address)

(Name of Organization or Home Address)

OATH:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 8 day of March, 20 17.

at DLA Susquehanna

(b) (7)(C)

(b) (7)(C)

Title 5 USC, 303 (b)
(Authority to Administer Oaths)

NOTICE: Additional pages must contain the heading "STATEMENT OF
TAKEN AT _____ DATED _____
CONTINUED." The bottom of each additional page must bear the
initials of the person making the statement and be initialed as "PAGE _____ OF
PAGES."

INITIALS OF PERSON
MAKING STATEMENT

EH

PAGE 4 OF 4 PAGES

(b) (7)(C)

SWORN STATEMENT	IMPORTANT: Read the Privacy Act Statement before completing this form.	REPORT NUMBER <div style="font-size: 1.5em; font-family: cursive;">17-01465</div>
PRIVACY ACT STATEMENT		
<p>1. AUTHORITY: Section 21, Internal Security Act of 1950 (<i>Public Law 8-831</i>); DoD Instruction 5200.22, Reporting of Security and Criminal Violations; and Deputy Secretary of Defense Memorandum dated 7 May 1974.</p> <p>2. PURPOSE: Records the sworn statement given by an individual in connection with an incident, accident, or suspected violation under investigation, regardless of the individual's relationship to the investigation.</p> <p>3. ROUTINE USES: Information may be disclosed for those routine uses listed in DLA System Notice S160.50DLA-I as follows: For any of the DLA blanket routine uses set forth at the beginning of DLA's listing of systems of records notices.</p> <p>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: Disclosure is voluntary. However, individuals assigned to or employed by DLA who refuse to make disclosure may be subject to administrative sanctions.</p>		
LOCATION <div style="font-size: 1.2em; font-family: cursive;">Whs. 83</div>	DATE <div style="font-size: 1.2em; font-family: cursive;">3/8/17</div>	TIME <div style="font-size: 1.2em; font-family: cursive;">1400</div>
(b) (7)(C)		DATE OF BIRTH
(b) (7)(C) NAME OF ORGANIZATION OR HOME ADDRESS <div style="font-size: 1.2em; font-family: cursive;">DOSP KB</div>		
(b) (7)(C) want to make the following statement under oath:		
<div style="font-size: 1.2em; font-family: cursive;"> <p>was talking to Ernest HICKS in BAY 3 at approximately 13:40. I SAW (b) (7)(C) come up to Ernest and start to Joke Around, I then SAW (b) (7)(C) grab Ernest arm and shove him. Ernest fell to the ground. (b) (7)(C) said, "He then reached down holding out his hand to help Ernest up. (b) (7)(C) Ask Ernest if he was OK because Ernest fell to the ground on his back. Ernest said I'm OK. (b) (7)(C) said are you sure because I didn't mean to do that, we good." Ernest said, "we good then All departed"</p> <p>Can we contact you in the future... yes</p> <p style="text-align: center; font-family: cursive;">Nothing Follows</p> </div>		
INITIALS OF PERSON MAKING STATEMENT <div style="font-size: 1.2em; font-family: cursive;">(b) (7)(C)</div>		PAGE 1 OF 1 PAGES

STATEMENT (Continued)

(b) (7)(C)

(b) (7)(C)

(b) (7)(C)

(b) (7)(C)

STATEMENT CONTINUED ON ADDITIONAL PAGES

☒ NO

☐ YES

of additional pages: _____

AFFIDAVIT

I, (b) (7)(C), have read or have had read to me this statement which begins on Page 1 and ends on Page 1. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(b) (7)(C)

(Typed or Printed Name and Signature)

(Name of Organization or Home Address)

(Typed or Printed Name and Signature)

(Name of Organization or Home Address)

OATH:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of March, 2017.

at DLA Susquehanna Bldg 83

Title 5 USC, 303(b)

(Authority to Administer Oaths)

NOTICE: Additional pages must contain the heading "STATEMENT OF TAKEN AT DATED CONTINUED." The bottom of each additional page must bear the initials of the person making the statement and be initialed as "PAGE _____ OF PAGES."

INITIALS OF PERSON

(b) (7)(C)

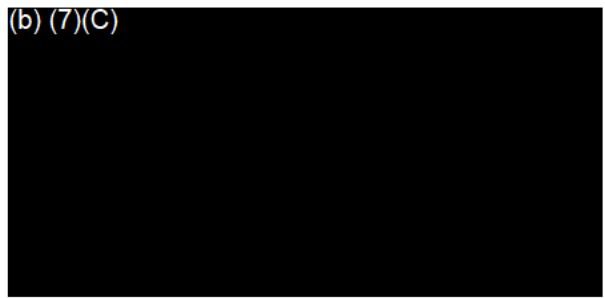
PAGE 2 OF 2 PAGES

Memorandum For Record

9 March 2017

On 2 March 2017, between approximately 14:15 and 14:30 PM, several people were standing in bay 3 preparing to leave for the day. I walked up to Mr. Hicks, who was speaking to a young lady, I tapped him on his right should. He fell over. I said to him, "Come on Man, stop playing." I proceeded to assist him back on his feet. Mr. Hicks continued talking to the young lady. I then left the building for the day. Since that day, I have not had any contact with Mr. Hicks. I did see him from a distance, but was unable to get close enough to apologize to him.

(b) (7)(C)



Defense Distribution Depot Susquehanna Person Details Report

Index Id: 2923

Date of Info: 06/11/2014

Person Name: (b) (7)(C)

Title:

Sex: (b)

Race: (b) (7)(C)

Ethnicity:

DOB: (b) (7)(C)

Age: (b)

SSN:

DL #: (b) (7)(C)

DL State: (b)

Addresses

Address	Occupied	Type	Official	Date of Info
(b) (7)(C)		Residence	N	03/09/2017

Identification

ID Number	ID Type	Class	State	Country	Issued	Expires	Date of Info
(b) (7)(C)							06/11/2014

Summary Information

(b) (7)(C)

Involved Incidents

(b) (7)(C)

Citations / Enforcements

Ticket #	Date	Type	Agency
(b) (7)	(b) (7)(C)	(b) (7)(C)	(b) (7)(C)

Defense Distribution Depot Susquehanna Person Details Report

Index Id: 2947

Date of Info: 06/14/2014

Person Name: Hicks, Ernest Nmn

Title:

Sex: Male

Race: (b) (7)(C)

Ethnicity:

DOB: (b) (7)(C)

Age: (b)

SSN:

DL #: (b) (7)(C)

DL State: (b)

Physical Descriptions

Ht	Wt	Eye Color	Hair Color	Hair Style	Facial Hair	Hair Length	Build	Skin Color	Age	Date of Info
(b)	(b) (7)	(b) (7)	(b) (7)(C)						(b)	06/14/2014

Addresses

Address	Occupied	Type	Official	Date of Info
(b) (7)(C)		Residence	N	06/14/2014
(b) (7)				

Phone Numbers

Number	Type	Date of Info
(b) (7)(C)	Residence	06/14/2014

Identification

ID Number	ID Type	Class	State	Country	Issued	Expires	Date of Info
(b) (7)(C)	(b)		(b) (7)(C)				06/14/2014

Summary Information

(b) (7)(C)

Involved Incidents

(b) (7)(C)

Citations / Enforcements

Ticket #	Date	Type	Agency
(b) (7)	(b) (7)(C)	(b) (7)(C)	Defense Distribution Depot Susquehanna

Defense Distribution Depot Susquehanna Person Details Report

Index Id: 9954

Date of Info: 03/09/2017

Person Name: Foltz, Kevin

Title:

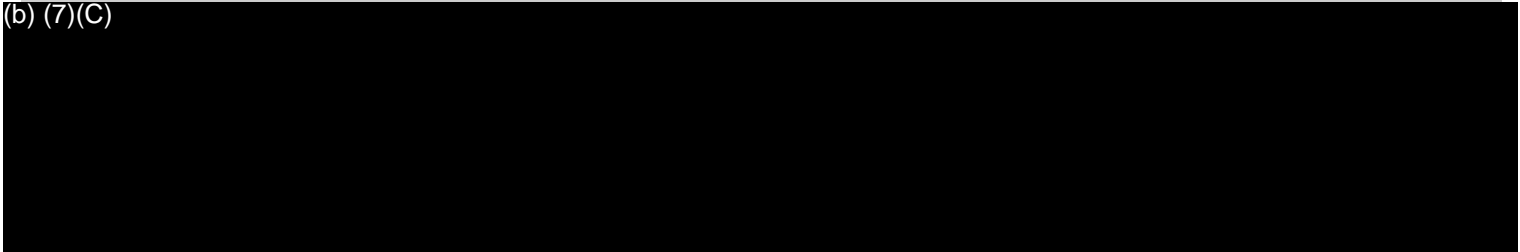
Sex: (b) Race: (b) Ethnicity: (b) (7)(C)

DOB: Age: SSN:

Phone Numbers		
Number	Type	Date of Info
(b) (7)(C)	(b) (7)	03/09/2017


Summary Information

(b) (7)(C)

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Involved Incidents

(b) (7)(C)

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Defense Distribution Depot Susquehanna Person Details Report

Index Id: 5032

Date of Info: 04/27/2015

Person Name: (b) (7)(C) . Title:

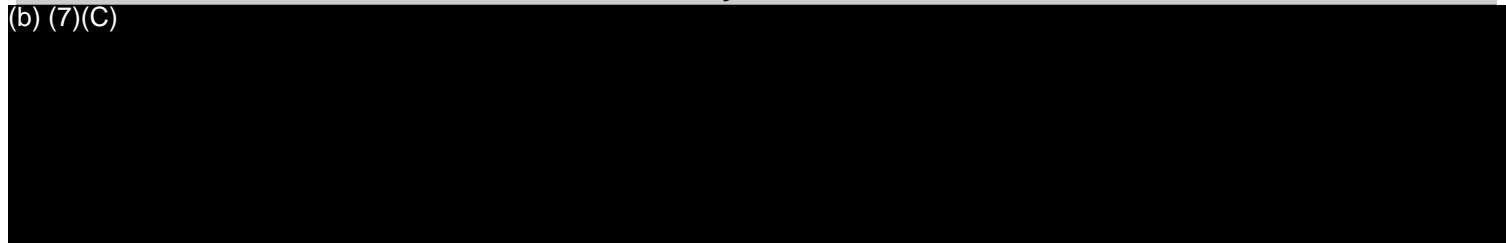
Sex: (b) Race: (b) (7)(C) Ethnicity:

DOB: (b) (7)(C) Age: (b) SSN:

Addresses				
Address	Occupied	Type	Official	Date of Info
(b) (7)(C)		Residence	N	01/26/2016
Phone Numbers				
Number	Type			Date of Info
(b) (7)(C)	(b) (7)			01/26/2016

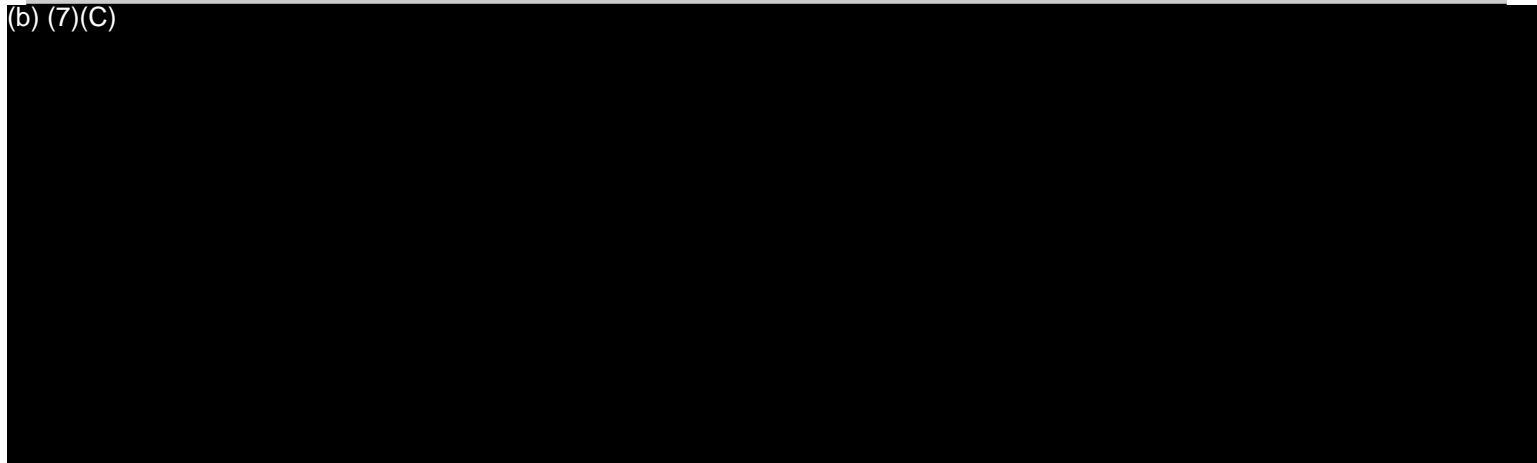
Summary Information

(b) (7)(C)

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Involved Incidents

(b) (7)(C)

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Defense Distribution Depot Susquehanna Person Details Report

Index Id: 2898

Date of Info: 06/07/2014

Person Name: (b) (7)(C)

Title:

Sex: (b) (7)

Race: (b)

Ethnicity:

DOB: (b) (7)(C)

Age: (b)

SSN:

DL #: (b) (7)(C)

DL State: (b)

Identification							
ID Number	ID Type	Class	State	Country	Issued	Expires	Date of Info
(b) (7)(C)	(b)		(b) (7)(C)				06/07/2014

Summary Information

(b) (7)(C)

Involved Incidents

(b) (7)(C)

Citations / Enforcements

Ticket #	Date	Type	Agency
(b) (7)	(b) (7)(C)	(b) (7)	Defense Distribution Depot Susquehanna